

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="text-align: center; font-weight: bold;">10/586323</div>	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1								
2		1							
3		1							
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TOTAL IND.	3	↓	0	↓	0	↓			
TOTAL DEP.	21	←	0	←	0	←			
TOTAL CLAIMS	24		0		0				
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
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97									
98									
99									
100									
TOTAL IND.	0	↓	0	↓	0	↓			
TOTAL DEP.	0	←	0	←	0	←			
TOTAL CLAIMS	0		0		0				